

Case Number:	CM14-0023847		
Date Assigned:	06/11/2014	Date of Injury:	12/08/2009
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 12/08/2009 due to an industrial injury at work. The injured worker underwent a lumbar MRI on 04/08/2010 which revealed a moderate spinal stenosis at the L4-5 with right-sided disc protrusion at L4-5. At L5-S1 there is mild bilateral neural foraminal narrowing. On 03/30/2011 at L3-4 the injured worker had a grade 1 anteroolisthesis. On 10/11/2011 the injured worker underwent an electrodiagnostic studies of her lower extremities which indicated a right L5 radiculopathy. The injured worker was never authorized to proceed with a surgery to stabilize anterior/posterior L3-4 and decompression at L4-5. On 02/12/2014 the injured worker reports that she had increased low back pain and radicular symptoms. Her pain had increased with prolonged sitting standing, bending and lifting. On the physical examination done on 02/12/2014 it was noted that the injured worker had a positive straight leg test bilaterally and reduced sensation of the bilateral L5 dermatomes. The injured worker denied nausea, vomiting and constipation. It was noted that the radicular symptoms are increasing and the injured worker would benefit from epidural injections. The injured worker's pain scale was noted at 8/10 while on pain medications. It was noted that lying down, acupuncture and medications help with her pain. The injured worker medications include Percocet 10/325 mg, Prilosec 20 mg, Naproxen 550 mg and Terocin lotion. The injured worker diagnoses include carpal tunnel syndrome, lumbar radiculitis, low back pain, lumbar disc disease, lumbar degenerative disc disease, neck pain, chronic pain syndrome, myalgia and intervertebral disc disorder without myelopathy unspecified region. The injured worker's treatment plan included a refill of Prilosec 20 mg and Terocin 120 ml ointment. The authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRILOSEC 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatroy medications and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines Prilosec 20 mg is recommended for patients at risk for gastrointestinal events. Per the documentation given there is no evidence of the injured worker having gastrointestinal events or has been diagnosed of having gastrointestinal events. There is lack of documentation also of the injured worker being on Prilosec or the effectiveness of the Prilosec 20 mg for the injured worker. The request does not include the frequency of the medication. Given the above the request for Prilosec 20 mg #60 is non-certified.

TEROCIN 120 ML ONE BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for the Teroicin 120 ml one bottle is non-certified. The injured worker has a history of neck and low back pain. The injured worker also has carpal tunnel syndrome, lumbar radiculitis, lumbar degenerative disease and intervertebral disc disorder. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Teroicin ointment contains Lidocaine 4% and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or surgery. In addition, there was no documentation provided on frequency or location where the Teroicin ointment would be applied. As Teroicin ointment contains lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request for the Teroicin ointment is non-certified.